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09/455,745		250	3662	0154-2855-2X

APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

FRANCE 98 15480 12/08/1998

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		FRANCE	3	10	1

ADDRESS

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TITLE

OPTICAL NIGHT VISION DEVICE WITH STANDARD LIGHT INTENSIFIER

FILING FEE RECEIVED 1848	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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